

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09751349  
APPLICANT(S)

FILING DATE 12/28/00

**CLAIMS**

	AS FILED		AFTER <u>1</u> 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2		2			
TOTAL DEP.	12		12			
TOTAL CLAIMS	14		14			

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